



## EMPLOYEE REFERRAL BONUS PROGRAM

Employee Name: \_\_\_\_\_

Referral Name: \_\_\_\_\_

Relationship (circle one):

Friend      Spouse      Sibling      Child      Parent      Other

Years Known: \_\_\_\_\_

- All employees are eligible.
- This form must be submitted to the Human Resource Department before the referral is hired.
- The referral must work 180 days as a full time employee and be in good standing.
- The amount of the bonus is \$250 before taxes.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
_____ HR/Payroll:	_____
Initial	Date Received
Referral Hire Date:	_____
Bonus Eligibility Date:	_____
<input type="checkbox"/> Eligible	<input type="checkbox"/> Non-eligible
Bonus Issue Date:	_____